

**UNINET CHRONIC DISEASE MANAGEMENT**

**PHYSICIAN REFERRAL**

Patient Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Patient's Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Primary diagnosis for referral: (circle) Diabetes    Heart Failure    COPD**

Language : (circle) English    Spanish  
Insurance \_\_\_\_\_  
Other information/lab \_\_\_\_\_

**The above patient has been informed of this referral:**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date of Order**

\_\_\_\_\_  
**Physician Name (please print)**

Fax to: UniNet Care Management at 402-255-1630 **OR**  
Call: 402-255-0049 (or toll-free 877-779-7377) and ask for a Disease  
Management Nurse

**Telephonic Disease Management**

**Criteria for Referral:**

Must have working telephone, be English- or Spanish-speaking, and  
under the care of a UniNet physician

**Program Includes Education and Support in the Following Areas:**

Assessment of compliance with medical plan

    Clinic visits

    Referrals

    Recommended testing

Assessment of current symptoms & functional status

Assessment of Social Concerns

Self-management strategies

    Diet

    Monitoring

    Exercise plan and tolerance to activity

    Reportable signs and symptoms